

386163

217/782-6762

CERTIFIED MAIL #: p796496842  
RETURN RECEIPT REQUESTED

August 11, 1992

Perma-Treat of Illinois, Inc.  
N. Carbon & Industrial Park  
P. O. Box 99  
Marion, Illinois 62959

Re: IEPA #: 1990555010 -- Williamson County  
Facility Name: Perma-Treat of Illinois, Inc.  
USEPA ID#: ILD063698971  
RCRA Closure File

Dear Environmental Coordinator:

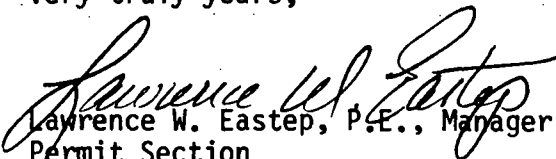
As you are aware, we are currently evaluating the request for closure of your facility as referenced above, and which is regulated under the Resource Conservation and Recovery Act (RCRA).

Under Section 206 and Section 233 (copies enclosed) of the Hazardous and Solid Waste Amendments of 1984, all facilities "seeking a permit" (taken to mean interim status facilities) must provide for corrective action for all releases of hazardous waste or constituents from any solid waste management unit, regardless of the time at which waste was placed in the Unit. Please note that both hazardous and non-hazardous wastes can meet the definition of solid waste under 40 CFR 261.2.

Consequently, we must determine whether such releases have ever occurred at the facility site. If they have, we must ensure that any necessary corrective actions either have been taken, or will be taken, pursuant to a decision on your closure plan. An important part of our determination includes your willingness (or unwillingness) to complete the enclosed certification form. Please read it carefully, complete it, and either sign and return it, or return it to us unsigned with a cover letter of explanation, within 30 days of the date of this letter.

Please call the Permit Section at 217/782-6762 if you have any questions, or wish to discuss this matter further.

Very truly yours,

  
Lawrence W. Eastep, P.E., Manager  
Permit Section  
Division of Land Pollution Control  
Bureau of Land

Enclosures

cc: George Hamper, USEPA - Region V



Illinois Environmental Protection Agency

2309 West Main, Marion, IL 62959

Date : August 20, 1992  
To : Bill Sinnot, DLPC/ HW Permit Unit  
From : G.E. Steele DLPC/FOS Reg. 7  
Subject : 1990555010 - Williamson Co.  
Perma Treat of Illinois  
ILD063698971 Closure Log 653

The following comments are presented concerning the closure plan submitted by Perma Treat for their waste pile storage area.

1. A major portion of the plan reiterates the defenses of the CIL response that this site didn't store anything, implying that a closure plan isn't needed. The plan states that only 22 drums of waste were produced during 6/91 and 11/91 & and that this level is below the small quantity exemption. Review of the manifests shows three shipments of 2 drums each, and one of 16. During the 6/20/91 inspection, the waste pile discovered was identified as coming from the sump clean out conducted in January. This clean out exceeded the SQG limits, and was fully regulated. It was not shipped off site within 90 days. Additionally, the last off site shipment of waste prior to the 6/91 inspection was 11/08/90.
2. The location of the waste pile on the site map is incorrect. It was located on the southeast corner of the pad. The arrangement of pallets is also incorrect. See the attached sketch.
3. There are no berms preventing run off from leaving the pad area. Residue from past spillage of the pad was readily apparent on the sidewalls of the elevated pad. Evidence of past spills was also seen. Some soil removal from around the pad was conducted at the time the stored waste was shipped off. One sample was reportedly taken from the cleaned up area. The sample location and analysis were not included in the closure report. A description of the type and amount or remedial work was not included. One sample is insufficient to characterize the adjoining affected area.
4. Removal of residues, particularly from the elevated sidewalls, is not addressed.
5. This unit is not part of a recycling process. It is used simply to remove the free liquids from the sludge type waste material. This is confirmed on page 2 of the plan.
6. Pallets supporting a mesh metal screen were seen under neath the pile. The closure plan does not identify what happened to these materials.
7. The manifests submitted in the plan contain several duplicate copies of two manifests.

cc : DLPC Marion

STATE OF ILLINOIS  
ENVIRONMENTAL PROTECTION AGENCY

IL 532-0357  
ADM 39  
054-002

Subject PERMATREAT of ILLINOIS, INC. Log # 653  
Data \_\_\_\_\_  
Reviewed by William T. Sinnott II

Date August 20, 1992

INTRO TO PROJECT

SUBMITTAL By Name : PERMA-TREAT of ILLINOIS Log # C-653  
DATE OF SUBMITTAL : ~~Aug 1992~~ July 30, 1992  
RECEIVED DATE : July 31, 1992  
NAME OF FACILITY : PERMA-TREAT of ILLINOIS  
FACILITY LOCATION : CARBON ST. & INDUSTRIAL PARK DRIVE  
MARION, ILLINOIS 62959  
(618)-997-5646  
SUBMITTED BY : COGDON & PRICE, INC.  
CONSULTING ENGINEERS  
WHY SENT IN : FOS CAUGHT THEM STORING HAZARDOUS  
WASTE IN A PILE W/O A PERMIT.

- 1) IS IT A FIRST SUBMITTAL : YES
- 2) IS IT A MODIFICATION TO A PREVIOUS SUBMITTAL : NO
- 3) WHAT VIOLATIONS ARE BEING ADDRESSED BY THE CLOSURE PLAN : (1) 503 UN-

STATE OF ILLINOIS  
ENVIRONMENTAL PROTECTION AGENCY

IL 532-0357  
ADM 39  
054-002

1 of 3

Subject PERNATREAT

Date \_\_\_\_\_

Reviewed by William T. Sinnott II

Date August 19, 1992

REVIEW OF PERTINENT FILES

5-11-84 ⇒ NOTIFICATION of HAZARDOUS WASTE ACTIVITY (GENERATOR REPORT)

8-8-85 ⇒ RCRA INSPECTION ⇒ THE FACILITY PRESSURE TREATS WOOD USED FOR LANDSCAPE TIES AND BLOCKS USED IN UNDERGROUND MINE ROOF BOLTS. A WATER BASED CHROME-COPPER-ARSENATE PRESERVATIVE IS USED. THERE IS ONLY ONE PRESSURE CYLINDER ON SITE. TREATED TIMBERS ARE ALLOWED TO DRIP ONTO A CONCRETE PAD FOR 48 HOURS AFTER TREATING. THE PAD & THE CYLINDER DRAIN BOTH DRAIN TO THE INDOR CONTAINMENT AREA OF THE PROCESS TANKS. COLLECTED LIQUIDS ARE USED FOR MAKE UP H<sub>2</sub>O.

8-8-85 - G.E. STEELE SENT A MEMO TO THE FILE ABOUT THE INSPECTION

8-27-85 COMPLIANCE INQUIRY LETTER

SEPTEMBER 6, 1985 ⇒ RESPONSE TO C.I.L.

SEPTEMBER 10, 1985 ⇒ RESPONSE MARKED AS ADEQUATE

JANUARY 29, 1986 = MARK HANEY SENT LETTER SAYING VIOLATIONS RESOLVED

STATE OF ILLINOIS  
ENVIRONMENTAL PROTECTION AGENCY

IL 532-0357  
ADM 39  
054-002

3  
2 of 3

Subject PERMATREAT INC

Data \_\_\_\_\_

Reviewed by WILLIAM T. SUNDOTT II Date AUGUST 12, 1992

Review of PERTINENT FILES

SEPTEMBER 23, 1991 ⇒ G.E. STEELE CONDUCTED A SITE  
VISIT.

OCTOBER 1, 1991 ⇒ LETTER FROM FRED C. PRILLAMAN ASKING FOR  
EXTENSION TO CIL RESPONSE

OCTOBER 13, 1991 ⇒ RESPONSE TO CIL FROM STEPHEN HEDINGER  
ATTORNEY

DECEMBER 12, 1991 ⇒ PREENFORCEMENT CONFERENCE LETTER

FEBRUARY 13, 1992 ⇒ LETTER FROM ATTORNEY SAYING THEY  
APPLY FOR A CLOSURE PERMIT

CROPA memo dated N/A

Identify soil and/or groundwater clean-up levels. (Give basis, i.e., closure plan, COT/CROPA recommendation, PQL, etc.)

N/A

Is the portion of the sample to be tested appropriate? N/A

Approximate volume of waste to be removed: ~~20~~ 20 yds.  
(yds. or gallons)

Approximate volume of underlying and surrounding soil and liner to be removed:

How is site to be capped or otherwise restored? N/A

Are there any non-RCRA Solid Waste Management Units? ? Explain: I HAVE YET TO RECEIVE THE SWMU CERTIFICATION

Have there been any releases from the SWMUs?

Explain: ? I HAVE YET TO SEE SWMU CERT. => HOWEVER FROM THE FILE REVIEW

How is the groundwater to be addressed for the closing unit? ? N/A

Is groundwater monitored? NO

Is groundwater contaminated? ?

What is the facility's Subpart F compliance status? OK

PR AD NA

- — — i. scale drawing of storage area
- — — j. surface description (asphalt, concrete, aggregate, soil)
- — — k. structural integrity and containment devices (cracks, joints, deterioration, curbs, roof)

8. Closure of tank storage or treatment units (S02, T01 -- 725.297)

- — — a. scale drawing of storage area, including secondary containment structures, sumps and drainage pathways
- — — b. description of materials used to construct tanks, ancillary equipment and secondary containment structures
- — — c. present condition of tanks, ancillary equipment and secondary containment structures (i.e., structural integrity and surface condition)
- — — d. removal of all hazardous wastes and residues from:
  - tanks
  - pipes and discharge control equipment
  - discharge confinement structures
- — — e. decontamination of equipment
- — — f. soil testing beneath and around tank, including secondary containment areas, to verify that no spills or leaks have occurred
  - includes all hazardous constituents
  - detection limits
  - sampling increments and total depth of sampling
  - sample handling and analysis (40 CFR 261, App. III; SW-846; Attachment 7 of this document)
- — — g. cleanup standard
- — — h. removal of contaminated soil
- — — i. removal of tank (required by State Fire Marshall for underground tanks which contained flammable materials)

9. Closure and post-closure for surface impoundments (S04, D83, T02 - 725.328)

- — — a. removal of standing liquids
- — — b. removal of wastes and waste residues
- — — c. removal of liner
- — — d. removal of underlying and surrounding contaminated soil
- — — e. cleanup standard
- — — f. management of removed material as hazardous waste unless determined to be nonhazardous under 721.103(c)
- — — g. post-closure care in lieu of material removal (725.328(c)) (40 CFR 265.228(a)(2), March 19, 1987)
- — — h. dewatering, stabilization or other treatment of remaining wastes to provide cover support and/or render waste nonhazardous (40 CFR 265.228(a)(2), March 19, 1987)
- — — i. request for modification of Part A to include T02 if stabilization or treatment is proposed

STATE OF ILLINOIS  
ENVIRONMENTAL PROTECTION AGENCY

IL 532-0357  
ADM 39  
054-002

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Subject PERMITS

Date \_\_\_\_\_

Reviewed by WILLIAM T. SUMMERS II

Date August 19, 1992

Section B: Closure Plan W-1

(N)(N) 1. The Plan was not submitted 90 days prior to initiation or closure

ggg! 8 I think believe this is yes because they have named the waste Root 2 Root 1

(N)(N) 1c The groundwater / surface water use in the Area has not identified.

(N)(N) 2. I have yet to see anything about the <sup>FUTURE / DEVELOPMENT</sup> newspaper notice posting

3. Closure Time Limits

(N)(N) (a) They do not mention anything about the "90 Day Limit for Removal, Removal or Disposal of Hazardous Wastes

(N)(N) (b) They do not mention the 90 Day Limit for Closure Activities.

4. Disposal or Decontamination of Equipment

(a) They did not mention the "Proper Disposal of Facility Equipment and Structures -



STATE OF ILLINOIS  
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IL 532-0357  
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2 OF

Subject PERMATECH OF ILLINOIS INC.

Data \_\_\_\_\_

Reviewed by WILLIAM T. SINNOTT II

Date 8-19-92

SECTION B CLOSURE PLAN ✓ - LIST

(N)(N) 10C) THEY DO NOT SAY "MANAGEMENT OF REMOVED MATERIALS AS HAZARDOUS WASTE UNLESS DETERMINED TO BE ABNARZ. ACCORDING TO 221.103 (c) & (d)

(N)(N) 10d) THEY SAY POST CLOSURE IS NOT REQUIRED. THE COVER LETTER

(N)(N) 10C)(f) THEY HAVE NOT MENTIONED SOIL SAMPLING AT ALL  
CLOSURE PERFORMANCE STD.

(a) 27. (N)(N) THEY DID MAKE IT LOOK LIKE IT MINIMIZES FURTHER MAINTENANCE

(b) (N)(N) PROTECTS HUMAN HEALTH & ENVIRONMENT

(c) (N)(N) ADDRESSES ALL HAZARDOUS CONSTITUENTS ⇒ NO

28. TRAINING REQUIREMENTS FOR CLEANUP ACTIVITIES

(N)(N) a) DON'T MENT ANYTHING ABOUT 29 CFR, PART 1910

29 N/A. THEY DON'T HAVE A PART A

SWMU 30. I HAVE YET TO RECEIVE THE SWMU CERT.  
STATUS

21. Construction procedures for cover (725.410(a))

PR AD NA

- |   |   |   |    |  |
|---|---|---|----|--|
| — | — | — | a. | equipment requirements -- sheepsfoot roller, disk and water truck or other provisions for moisture control |
| — | — | — | b. | lift thickness -- should be 8 inches (loose thickness) or less   |
| — | — | — | c. | construction QA/QC -- number of compaction tests, hydraulic conductivity tests, grain size tests, etc.     |
| — | — | — | d. | hydraulic conductivity testing conducted in accordance with IEPA guidance                                  |

22. Notice to local land authority (725.216 and 725.219)

- |   |   |   |    |  |
|---|---|---|----|--|
| — | — | — | a. | survey plat submitted to the Agency and to County Recorder with closure certification  |
| — | — | — | b. | note on plat which states owner's and operator's obligation to restrict disturbance of the site per 725.217(c)   |
| — | — | — | c. | record provided of type, location and quantity of hazardous waste disposed of within each cell or area of the facility, including wastes disposed prior to January 12, 1981 (725.219(a)) |

23. Notice in deed to property (725.219)

- |   |   |   |    |   |
|---|---|---|----|---|
| — | — | — | a. | recorded on deed or other instrument which will be examined during a title search that the land has been used to manage hazardous waste |
| — | — | — | b. | copy of this instrument and a certification from the owner/operator that it has been properly recorded                                  |

24. Maintenance requirements -- activities and frequencies (725.217(a); 725.218(c); 725.410(d))

- |   |   |   |    |   |
|---|---|---|----|---|
| — | — | — | a. | integrity of final cover or containment structures                                  |
| — | — | — | b. | leachate collection, removal and treatment systems                                  |
| — | — | — | c. | groundwater monitoring system   |
| — | — | — | d. | gas collection and control system (if provided)                                     |
| — | — | — | e. | benchmarks  |
| — | — | — | f. | name, address and phone number for post-closure care contact person (725.218(c)(3)) |

25. Security

- |   |   |   |    |  |
|---|---|---|----|--|
| — | — | — | a. | restricted access, if necessary              |
| — | — | — | b. | security provided, if necessary (725.217(b)) |

C 653  
cc: Marion  
JKm  
65

ATTACHMENT 1

CONTINUING RELEASES AT PERMITTED FACILITIES

Sec. 206. Section 3004 of the Solid Waste Disposal Act is amended by adding the following new subsection after subsection (t) thereof:  
"(u) CONTINUING RELEASES AT PERMITTED FACILITIES-Standards promulgated under this section shall require, and a permit issued after the date of enactment of the Hazardous and Solid Waste Amendments of 1984 by the Administrator or a State shall require, corrective action for all releases of hazardous waste or constituents from any solid waste management unit at a treatment, storage, or disposal facility seeking a permit under this subtitle, regardless of the time at which waste was placed in such unit. Permits issued under section 3005 shall contain schedules of compliance for such corrective action (where such corrective action cannot be completed prior to issuance of the permit and assurance of financial responsibility for completing such corrective action".

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AUG 24 1992

IEPA-DLPC

ATTACHMENT 3

CERTIFICATION REGARDING POTENTIAL RELEASES FROM  
SOLID WASTE MANAGEMENT UNITS  
(CLOSURE PLAN REVIEW)

FACILITY NAME: PERMA-TREAT OF ILLINOIS INC.  
EPA I.D. NUMBER: ILD063698971  
LOCATION/CITY: MARION  
STATE: IL

1. Are there any of the following solid waste management units (existing or closed) at your facility? NOTE - DO NOT INCLUDE HAZARDOUS WASTES UNITS CURRENTLY SHOWN IN YOUR PART A APPLICATION AND IN YOUR CLOSURE PLAN.

	YES	NO
• Landfill	<u>      </u>	<u>X</u>
• Surface Impoundment	<u>      </u>	<u>X</u>
• Land Farm	<u>      </u>	<u>X</u>
• Waste Pile	<u>      </u>	<u>X</u>
• Incinerator	<u>      </u>	<u>X</u>
• Storage Tank (Above Ground)	<u>      </u>	<u>X</u>
• Storage Tank (Underground)	<u>      </u>	<u>X</u>
• Container Storage Area	<u>      </u>	<u>X</u>
• Injection Wells	<u>      </u>	<u>X</u>
• Wastewater Treatment Units	<u>      </u>	<u>X</u>
• Transfer Stations	<u>      </u>	<u>X</u>
• Waste Recycling Operations	<u>      </u>	<u>X</u>
• Waste Treatment, Detoxification	<u>      </u>	<u>X</u>
• Other <u>                                </u>	<u>      </u>	<u>X</u>

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2. If there are "Yes" answers to any of the items in Number 1 above, please provide a description of the wastes that were stored, treated or disposed of in each unit. In particular, please focus on whether or not the wastes would be considered as hazardous wastes or hazardous constituents under RCRA. Also include any available data on quantities or volume of wastes disposed of and the dates of disposal. Please also provide a description of each unit and include capacity, dimensions, location at facility, provide a site plan if available.

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NOTE: Hazardous waste are those identified in 40 CFR 261. Hazardous constituents are those listed in Appendix VIII of 40 CFR Part 261.



cc: Marion  
**GORDON & PRICE, Inc.**  
**Consulting Engineers**

905 West De Young, Marion, Illinois, 62959

P.O. Box 1652

618-997-9371

Fax: 618-997-9373

July 30, 1992

Illinois Environmental Protection Agency  
Division of Land Pollution Control  
2200 Churchill Road  
P. O. Box 19276  
Springfield, IL 62794-9276

Re: 1990555010 Williamson County  
Perma-Treat of Illinois  
ILD 063698971  
9/19/91 Compliance Inquiry Letter

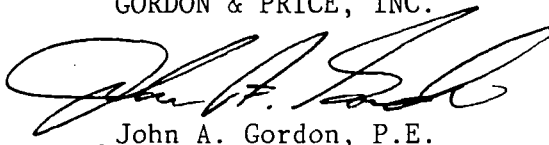
Gentlemen:

In accordance with Section 703.159(b), Perma-Treat of Illinois hereby petitions the Agency for a determination that a post-closure permit is not required because the applicable sections of 35 Ill. Administrative Code 724 Standards have been met for the above-referenced compliance inquiry.

This petition includes attachments which are applicable to this submittal.

In service,

GORDON & PRICE, INC.



John A. Gordon, P.E.

JAG:slh

Attachments

xc: Gary Steele

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JUL 31 1992

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2

300 - 400 pounds and is transported in excess of 200 miles for disposal.

Perma-Treat has modified its day-to-day operations to meet the following criteria:

1. Solid materials temporarily accumulated from the sump (D002, D007 wastes) will have a maximum accumulation time on site of 90 days.
2. The accumulations of D004 and D007 wastes have been eliminated.
3. The liner (concrete floor) will be cleaned by sweeping (once per day) to expedite any dripped process solution's return to the containment pile (sump pit).

#### CLOSURE (RCRA D004, D007 WASTE)

Accumulated materials consisted of solid materials (mud and bark) removed from the containment pit (sump) which collects all materials (solid and liquid) contacting the concrete liner (floor). The materials are contaminated with chrome, copper, and arsenic (CCA). These solid materials' total accumulation on-site have never exceeded 6000 Kg. Typically, after moisture was reduced from the CCA-contaminated materials, 55-gallon drums were used to transport the waste. This was typically generated at the rate of two (2) drums per month. Exhibit 2 indicates the manifests for 6/91, 7/91, 9/91, 10/91, and 11/91. Twenty-two (22) barrels of D004, D007 waste were removed and disposed of during the indicated period. The accumulated material was disposed of during this period. Additionally, 20 cubic yards of soil were removed from the area surrounding the concrete liner in order to insure that all contamination of CCA materials had been

**EXHIBIT 1**

**EXHIBIT 2**





# HAZARDOUS WASTE MANIFEST

(As Required By The Alabama Department of Environmental Management)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050 0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. 1110105169180711010111		Manifest Document No. 1		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address <b>Perma-Treat of Illinois</b> <b>Carbon St. &amp; Industrial Park Drive</b> <b>Marion, Illinois 62959</b> 618/997-5646						A. State: Manifest Document Number <b>CWMA 619976</b>							
4. Generator's Phone ( )						B. State: Generator's ID							
5. Transporter 1 Company Name <b>Hickson Corporation</b>						C. State: Transporter's ID <b>1433</b>							
6. US EPA ID Number <b>GAD000821934</b>						D. Transporter's Phone <b>404/363-6300</b>							
7. Transporter 2 Company Name						E. State: Transporter's ID							
8. US EPA ID Number						F. Transporter's Phone							
9. Designated Facility Name and Site Address <b>CHEMICAL WASTE MANAGEMENT, INC.</b> <b>Emelle Facility</b> <b>Alabama Highway 17 at Mile Marker 163</b> <b>Emelle, Alabama 35459</b>						10. US EPA ID Number <b>ALD000622464</b>							
						G. State: Facility's ID							
						H. Facility's Phone <b>205/652-9721</b>							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) <b>1Q, Hazardous Waste Solid, H.O.S., (arsenic and chromium), ORM-E, NA9189</b> <b>ADEM; CWM 052192-A415</b> CWM Profile Number <b>MAR D39853</b>						12. Containers No. Type <b>16 55</b> <b>DM</b>		13. Total Quantity <b>8 90</b>		14. Unit Wt/Vol <b>G</b>		15. Waste No. <b>0004/D007</b>	
b. CWM Profile Number													
c. CWM Profile Number													
d. CWM Profile Number													
16. Additional Descriptions for Materials Listed Above <b>Emergency Contact: Hickson Corporation</b> <b>404/363-6300</b>						K. Handling Codes for Wastes Listed Above							
17. Special Handling Instructions and Additional Information <b>When handling drums wear protective equipment such as impervious gloves and eye protection.</b>													
Work Order #: Purchase Order #:													
18. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.  If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name <b>CHRISTOPHER EDMONDS</b>						Signature <i>Christopher Edmonds</i>				Month Day Y <b>11/11/91</b>			
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name <b>ARTHUR W. KENNEDY</b>						Signature <i>Arthur W Kennedy</i>				Month Day Y <b>11/11/91</b>			
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name						Signature				Month Day Y			
19. Discrepancy Indication Space													
20. Facility Owner or Operator: Certification of receipt of hazardous waste materials covered by this manifest except as noted in Item 19. Printed/Typed Name Signature Month Day Y													



PLEASE PRINT OR TYPE

(Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039 Expires 9-30-

**UNIFORM HAZARDOUS WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address

**Perma Treat of Illinois Inc.**  
**Carbon Street & Industrial Park Drive**  
**Marion, IL 62959**  
Generator's Phone (618) 994-2471

A. State Manifest Document Number

**INA 0372910**

B. State Generator's ID

5. Transporter 1 Company Name

**Hickson Corporation**

6. Use EPA ID Number

**GA00000021934**

C. State Transporter's ID

**1433**

D. Transporter's Phone **219/464-3949**

7. Transporter 2 Company Name

8. Use EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address

**Hickson Corporation**  
**2852 Raystone Drive**  
**Valparaiso, IN 46383**

10. Use EPA ID Number

**IND00000701609**

G. State Facility's ID

H. Facility's Phone

**(219) 464-3949**

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

No. Type

13. Total Quantity

14. Unit Wt/Vol.

L Waste No.

a. **RQ, Hazardous Waste Solid, N.O.S., (Arsenic and chromium), ORM-E, NA 9189**

2 55 D.M.

1.10

G

0004  
0007

J. Additional Descriptions for Materials Listed Above

**Chemical Waste Management Profile Sheet # MAR0 39853**

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

**When handling drums wear protective equipment such as impervious gloves and eye protection.**

**EMERGENCY CONTACT: Hickson Corporation (404) 363-6300**

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

**Christopher B Edmonds**

Signature

*Christopher B Edmonds*

Month Day Year

**6/6/2001**

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

**STEVE MARTZ**

Signature

*Steve Martz*

Month Day Year

**6/6/2001**

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.

Printed/Typed Name

**Ken Wilson**

Signature

*Ken Wilson*

Month Day Year

**6/6/2001**

In case of a spill call the Indiana Office of Environmental Response at 317/241-4336 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.



PLEASE PRINT OR TYPE

(Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-91

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

I-L-D-0-6-3-6-9-8-9-7-1

Manifest Document No.

00-009

2. Page 1 of 1

Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

3. Generator's Name and Mailing Address

Peram Treat of Illinois, Inc.  
Carbon Street & Industrial Park Drive  
Marion, IL 62959

4. Generator's Phone

(618) 994-2471

A. State Manifest Document Number

INA 0372941

B. State Generator's ID

5. Transporter 1 Company Name

Hickson Corporation

6. Use EPA ID Number

G-A-D-0-0-0-8-2-19-3-4

C. State Transporter's ID

1433

D. Transporter's Phone

219/464-3949

7. Transporter 2 Company Name

8. Use EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address

Hickson Corporation  
2852 Raystone Drive  
Valparaiso, IN 46383

10. Use EPA ID Number

I-N-D-0-0-0-7-8-1-6-0-9

G. State Facility's ID

H. Facility's Phone

(219) 464-3949

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. RU, Hazardous Waste Solid, N.O.S.,  
(Arsenic and chromium), ORH-E, NA 9189

12. Containers

No.

Type

13. Total Quantity

14. Unit Wt/Vol.

15. Waste No.

2

DM

1-1-0

G

0004

J. Additional Descriptions for Materials Listed Above

0007 - Chemical Waste Management Profile Sheet  
HARD 39653

K. Handling Codes for Wastes Listed Above

501

15. Special Handling Instructions and Additional Information

When handling drums wear protective equipment such as impervious gloves and eye protection.

EMERGENCY CONTACT: Hickson Corporation (404) 363-6300

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

Christopher B. Edmonds

Signature

Christopher B. Edmonds

Month Day Year  
09/09/91

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

STEVE MARTZ

Signature

Steve Martz

Month Day Year  
09/08/91

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year  
.

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.

Printed/Typed Name

Ken Wilson

Signature

Ken Wilson

Month Day Year  
09/18/91



PLEASE PRINT OR TYPE

(Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-91

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <b>I.L. D0 6 36 98 9 71</b>	Manifest Document No. <b>00 01 0</b>	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.	
3. Generator's Name and Mailing Address <b>PERMA-TREAT OF ILLINOIS INC. P O BOX 99 MARION, IN 42959 , 618-997-5646</b>				A. State Manifest Document Number <b>INA 0557666</b>		
5. Transporter 1 Company Name <b>CHEMICAL WASTE MANAGEMENT</b>		6. Use EPA ID Number <b>IL D 09 9 20 2 68 1</b>		C. State Transporter's ID <b>0075</b>		
7. Transporter 2 Company Name		8. Use EPA ID Number		D. Transporter's Phone <b>708-896-1920</b>		
9. Designated Facility Name and Site Address <b>ADAMS CENTER LANDFILL 4636 CENTER RD FT WAYNE IN 46806</b>		10. Use EPA ID Number <b>IN B 07 89 1 1 14 5</b>		E. State Transporter's ID		
				F. Transporter's Phone		
				G. State Facility's ID		
				H. Facility's Phone <b>219-447-5585</b>		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)			12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. <b>RQ, Hazardous Waste Solid, N.O.S., (Arsenic and chromium), ORM-B, NA 9189</b>			<b>00 1 D-T 00 020</b>		<b>Y</b>	<b>D004 D007</b>
b.						
c.						
d.						
J. Additional Descriptions for Materials Listed Above <b>w/o # 22301 Profile # J42892</b>			K. Handling Codes for Wastes Listed Above <b>D81 net 42500</b>			
15. Special Handling Instructions and Additional Information <b>Emergency response # 205-652-9721</b>						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.  If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						
Printed/Typed Name <b>Christopher B Edmonds</b>			Signature <i>Christopher B Edmonds</i>		Date Month Day Year <b>11 06 91</b>	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name <b>Kurt Heidecke</b>			Signature <i>Kurt Heidecke</i>		Date Month Day Year <b>10 27 91</b>	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name			Signature		Date Month Day Year	
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19. Printed/Typed Name <b>Tracey Relue</b>						
			Signature <i>Tracey Relue</i>		Date Month Day Year <b>11 03 91</b>	

In case of a spill call the Indiana Office of Environmental Response 317/241-4336 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.